21504 71699	49799 9					raska  ator's	s Mo	tor	Ve	hicl	e A	<del>ا</del> د	cid	en	ıt Re	eport		Shee	et _1	of _	4
3	Total Nu		Local	-4	^		Agency Case	)E 111	0690		HIT & RUN?					۱?	INVESTIG	١.			
A/1	of Vehic			12		· · · · ·	1.10.	35-11	0660						X YES		YES X NO STATE USE ONLY				1
01	DATE OF ACCIDENT		S M T W TH F S TIME OF											01/112 00	L OIL						
A/2	ACCIDENT	11/2	POLICE 17.											1742							
	PLACE COUNTY Lancaster								NOTIFIED								11/29	2/201	15		
В	ACCIDENT	CITY	Line	Lincoln PRIVATE YES NO PROPERTY?												11/28/2015					
34		ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. ONE-WAY YES NO STREET?																			
с 4	DISTANCE	FROM	FEET			N	S E	W OF	EDOST.				HIGH	WAY I			LONGITUE	DE			1
D.	MILEPO	ST	IF AT INTERSECTION IF NO										AT INT	ERS	ECTION		-				
1		NAM				NG ROADWA	Υ		○FE	EET $\subset$	MILES	S <b>N</b>	I S	E	W OF N	EAREST STRE	ET, BRIDGE	, RAIL	ROAD (	CROSSING	1
V1/M																					
20	MILES			N S	IF A	W AND	WAS OUT	SIDE CI		ITS, IN			STANC EAREST	E FR	OM NEAF	REST TOWN					
V2/M						MILES			14		1		OR TOW	/N							
01	R. WORK	R1	R2	R3	R4	S. PEDE	STRIAN SIFICATION	S1	S2	<b>S3</b>	S4	S5-a	S5-b	S6-a	S6-b	DOES ACCID					
E 2	CODES					CODE		`								○Y	≣s 🏋	ON C			
F									VE	HICLE	NO.	1									
1	DRIVER LICENSE	I	NO.													(Of License			EX 🖯	FEMALE MALE	
V1/N	DRIVER												PHONE				LOCAL N	Ο.			
2	DRIVER ADDRI	ESS					CITY,	STATE, 2	ZIP							DATE OF BIRTH					V1/1
V2/N 2	OWNER		MM / DD / YYYY)   PHONE   LOCAL NO.													18					
G	OWNER ADDRI	ESS	CITY, STATE, ZIP CITATION YES CITATION NO.													V1/2					
4															⊃ PENDI	``					V1/3
Н	LICENSE PLATE	ı	NO.												YEAR ate Expires)			STA (Of P			
2	VEHICLE		Ϋ́I	EAR	1	MAKE		MODEL			BODY	STYL	E.		COLOR		ESTIMATED		E		V1/4
V1/O <b>5</b>	VEHICLE ID	Τ'													INSURANC	E COMPANY		<b>Y</b>			V1/5
V2/O	NO. (VIN) TOWED TO						TOWED BY	Y							POLICY NO	).					18
1									\/E	LICI E	. NO										V1/6 <b>40</b>
1	DRIVER			L12	E2E0	201			VE	HICLE	NO.					STATE	NE	61	EX X	FEMALE	-10
V1/P	<b>LICENSE</b> DRIVER				5358	991							PHONE			(Of License)	LOCAL N			MALE	-
8	NELLIE DRIVER ADDRI		ANG	SLER			CITY	STATE, 2	ZID				402	2-30	4-5970	DATE OF					V2/1
V2/P	5728 N 2	20TH :				I, NE 68		SIAIE, 2	ZIP							DATE OF BIRTH (MM / DD / YYY			82		18 V2/2
1	OWNER NELLIE	G SPA	٩NG	SLER									PHONE 402		l-5970		LOCAL N	Ο.			V 2/2
J 01	OWNER ADDRI		эт	LINIC	) I N	I NE 69		STATE, 2	ZIP						ITATION	YES	CITATION	NO.			V2/3
V1/Q			İ			N, INC OC	JJZ 1								YEAR	NG <u>X NO</u> 2016		STA	TE	NE	V2/4
5	LICENSE PLATE	PA	NO.	SBZ		MAKE		MODEL			BODY	STYL	E	(Pla	COLOR		ESTIMATED I	(Of P	E .	INC	V2/4
V2/Q	VEHICLE	$\perp$	20	012		Mazda		M3I			4 d	oor	Sed	an	white		TOTALE	<b>5 \$</b>	300		V2/5
<b>4</b> к	VEHICLE ID NO. (VIN)	JM <sup>2</sup>	1BL	1V71	C15	40533									GEIC	E COMPANY					18
02	TOWED TO						TOWED BY	Y							POLICY NO 4314	705288					V2/6 <b>40</b>
	(	Comp	lete	thi:	s se	ction fo	r all in	jured	per	sons					DATE	OF BIRTH	1 _Seat	2	3 Body	4 5	SEX
VEH. #	NAME	(Com	plete	a cont	tinuatio	n report, if	more than	three w	ere injui	red)					(MM /	DD / YYYY)	Position	Eject	Region	n Sev. Tra	ns. MF
	LOCAL NO.		MEDI	ICAL FAC	JILITY N.	AME				EMS SE	ERVICE I	NAME					EMS RU	N REP	JKT NO.		
VEH. #	NAME		1			A	DDRESS			1										$\top$	
	LOCAL NO.		MEDI	ICAL FAC	CILITY N.	AME				EMS SE	ERVICE 1	NAME					EMS RU	N REP	ORT NO.		
	NAME						DDBECC														
VEH. #	INAIVIE					A	DDRESS														
	LOCAL NO.		MED	ICAL FAC	CILITY N.	AME				EMS SE	ERVICE	NAME					EMS RU	N REP	ORT NO.	1	

	THE FOLLOWING	INFORMATION IS REQUIRE	D FOR ALL ACCIDEN	TS							
		INDICATE BY DIAGRAM WHAT	HAPPENED AGE B!	AGENCY CASE NO. B5-110680							
				7 1 1 0 0 0 0							
Indicate North by Arrow											
	· N		I								
	·										
	· MIL	JITARY	, kwy.								
			E VALLEY F								
	Not To So	REEK ROADWAY	N ANTELOPE VALLEY PKWY								
	·	,									
		UNK 1									
OBJECT DAMAGED O'	OWNER NAME	ADDRESS	PHONE	APF	PROX. COST OF DAMAGE						
OBJECT DAMAGED O'	OWNER NAME	ADDRESS  ADDRESS  ADDRESS	PHONE	\$ APF	PROX. COST OF DAMAGE						
OBJECT DAMAGED O'		ADDRESS		<b>\$</b>	PROX. COST OF DAMAGE						
OBJECT DAMAGED O' NAME NAME		ADDRESS  ADDRESS	PHONE	APF \$	PROX. COST OF DAMAGE						
OBJECT DAMAGED O'		ADDRESS  ADDRESS  ADDRESS  ACT AND  AIRBAG DEPLOY	PHONE	APF \$	PROX. COST OF DAMAGE						
OBJECT DAMAGED OBJECT DAMAGED O'  NAME  VEHICLE MOVEMENT BEFORE COLLISION	OWNER NAME  POINT OF IMPA	ADDRESS  ADDRESS  ADDRESS  ACT AND AIRBAG DEPLOY VEHICLE 1	PHONE  PHONE  RESTRAINT USE	PHONE  TOTAL OCCUPANTS  ALCOHOL	PROX. COST OF DAMAGE  VEH 1 0 VEH 2 1  Driver Driver Pedes-						
OBJECT DAMAGED OBJECT DAMAGED O'  NAME  VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMP MOST DAMAG (Enter numbers for	ADDRESS  ADDRESS  ADDRESS  ACT AND AIRBAG DEPLOY VEHICLE 1	PHONE  PHONE  RESTRAINT USE	PHONE PHONE PHONE  TOTAL OCCUPANTS ALCOHOL TESTING	VEH 1 0 VEH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
OBJECT DAMAGED  OBJECT DAMAGED  O'S  NAME  VEHICLE MOVEMENT BEFORE COLLISION  VEH N S E W ROAD OR HIGHWAY NAME	POINT OF IMPAMOST DAMAG (Enter numbers for  VEHICLE 1  PE POINT OF IMPACT 01	ADDRESS  ADDRESS  ACT AND SED AREA VEHICLE 1  VEHICLE 2  POINT OF IMPACT  1 Deployed front 2 Deployed side	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occupa 2 Lap & shoulder belt used	PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL LEVEL TESTED	VEH 1 0 VEH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  O'S  NAME  VEHICLE MOVEMENT BEFORE COLLISION  VEH NO. N S E W ROAD OR HIGHWAY NAME  1 X N ANTELOPE  2 X N ANTELOP  1 01 06 Turning left O' Making U-turn	POINT OF IMPAMOST DAMAG (Enter numbers for E) VEHICLE 1 PE POINT OF 01 PAMAGED 01 PD POINT OF 01	ADDRESS  ADDRESS  ACT AND ED AREA  reach vehicle)  VEHICLE 2  POINT OF IMPACT  MOST DAMAGED 05  AREA  1 Deployed - front 2 Deployed - side 3 Deployed - both front 4 Not deployed	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occupa 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOHOL	PROX. COST OF DAMAGE  VEH 1 0 VEH 2 1  Driver No. 2 Pedes-trian Y Y Y Y N X N X N  Driver No. 1 Driver No. 2						
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  O'S  NAME  VEHICLE MOVEMENT BEFORE COLLISION  VEH N S E W ROAD OR HIGHWAY NAME  1 X N ANTELOPE  2 X N ANTELOP  1 01 06 Turning left 07 Making U-turn 08 Entering traffic lane	POINT OF IMPAMOST DAMAG (Enter numbers for E) VEHICLE 1 PE POINT OF 01 PAMAGED 01 PD POINT OF 01	ADDRESS  ADDRESS  ADDRESS  ACT AND SED AREA Feach vehicle)  VEHICLE 2  POINT OF IMPACT OS IMPACT OS AREA AND SAREA AND SAREA AND SED SHOW AND STORM AND SAREA AND SARE	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occupa 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	PHONE  PHONE  PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOHOL ALCOHOL DESCRIPTION  BAC LEVEL	PROX. COST OF DAMAGE  VEH 1 0 VEH 2 1  Driver No. 1 Pedestrian Y Y Y Y N X N X N  Driver No. 1 Driver No. 2  L/ Driver No. 1 Driver No. 2						
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  O'S  NAME  VEHICLE MOVEMENT BEFORE COLLISION  VEH NO. N S E W ROAD OR HIGHWAY NAME  1 X N ANTELOPE  2 X N ANTELOPE  1 01 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane	POINT OF IMPAMOST DAMAGE (Enter numbers for VEHICLE 1 PE POINT OF IMPACT O1 POINT OF IMPACT O1 DAMAGED AREA O1 DO None O2 O9 Top & windows —	ADDRESS  ADDRESS  ACT AND ED AREA  POINT OF IMPACT  MOST AREA  1 Deployed - front 2 Deployed - side 3 Deployed - both front 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occup; 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet user	PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOHOL DRUGS SUSPECTI 1 Neither alco	PROX. COST OF DAMAGE  VEH 1 0 VEH 2 1  Driver No. 2 Pedes-trian Y Y Y Y N X N X N  Driver No. 1 No. 2  5 1  shol nor drugs suspected						
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  O'O  O'O  O'O  OBJECT DAMAGED  O'O  O'O  O'O  O'O  O'O  O'O  O'O  O	POINT OF IMPMOST DAMAG (Enter numbers for E \ VEHICLE 1  PE POINT OF IMPACT  MOST DAMAGED DAMA	ADDRESS  ADDRESS  ACT AND ED AREA Peach vehicle VEHICLE 2 POINT OF IMPACT O5 AREA  O3	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occupe 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 9 Restraint use unknown VEHICLE 2	PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL TESTED  BAC LEVEL  ALCOHOL DRUGS SUSPECTI  1 Neither alco 2 Yes - alcoho 3 Yes - drugs	PROX. COST OF DAMAGE  VEH 1 0 VEH 2 1  Driver No. 2 Pedes-trian Y Y Y Y N X N X N  Driver No. 1 Priver No. 2  5 1  phol nor drugs suspected of suspected						
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  O'S  OBJECT DAMAGED  O'S  O'S  OBJECT DAMAGED  O'S  O'S  O'S  O'S  O'S  O'S  O'S  O'	POINT OF IMPAMOST DAMAG (Enter numbers for  E \ VEHICLE 1  PE POINT OF 01  MOST DAMAGED DAMAGED AREA  00 None 02 09 Top & windows 11 Total (all areas)  11 Other	ADDRESS  ADDRESS  ACT AND ED AREA  Peach vehicle)  VEHICLE 2  POINT OF IMPACT  MOST AREA  1 Deployed - front 2 Deployed - side 3 Deployed - both front 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	PHONE  RESTRAINT USE VEHICLE 1  1 None used - vehicle occup: 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet user 8 Costume helmet user 9 Restraint use unknown VEHICLE 2	PHONE  TOTAL OCCUPANTS  ALCOHOL TESTING  ALCOHOL TESTED  BAC LEVEL  ALCOHOL DRUGS SUSPECTI  1 Neither alco 2 Yes - alcoho 3 Yes - drugs 4 Yes - alcoho 5 Unknown	VEH 1 0 VEH 1 1  Driver No. 2 Pedestrian  Y Y Y Y Y Y Y Y Y N X N X N X N X N X N						

215049799 71699			State of I		Moto	r Vehic	le A	ccider	nt Co	ntinuat	tion Rep	ort	Sheet	3	of	4					
					Local No./ District 122				Agency Case No.	B5-1106	680		·			STAT	E USE O	NLY			
Vehicl Code: from	s	11/	DATE (	OF ACCIDE	ENT (MM/DD/	YYYY)	PLACI OF ACCIDE			caster						0					
Overla #2 VEH.		ROAD	ON W	HICH ACCI	DENT OCCUR	RRED STRE	ET/HIGHW	VAY NO.		- No lo	1							Sequent of Even			
3	<b>"</b>	DRI\		NO.	H133304	VEHICLE NO.   3										x X	FEMAL	_			
м 01	٦		KAYLA M BUSH 402-610-2170													LOCAL NO.					
N	┨	DATE OF BIRTH (MM / DD / YYYY)										)	12/19/1992 LOCAL NO.								
2	7	OWNER	LA B	S				STATE, ZIP			402-6	10-2170 CITATION	YES	CITATIO	3.						
1	╁		FOL NSE TE P		5 #3A, LIN TGK401	ICOLN, N	IE 6850	04				YEAR (Plate Expires)	0046		NE	4.					
1 Q	╁		ICLE	YEAR		Chevrol		MODEL P/L		BODY STYL	E	COLOR	E	 STIMATED   TOTA	5.						
4		VEHIC NO. (	VIN)	1Y1SK	5289WZ44	43038	TOWED BY	,					CENTURY	PRE	MIER	18					
VEH.		IOWED					IOMED BY		/EHICLI	E NO 4	1	2200-						40 VEH. :			
4	<u>"</u>	DRI\		NO.					EHICLI	E NO.   4	1		STATE (Of License)		SE	SEX FEMALE					
M		DRIVER									PHONE			LOCAL	NO.			1.			
N	1	OWNER	DRIVER ADDRESS  CITY, STATE, ZIP  DATE OF BIRTH  (MM / DD / YYYY)  DWNER  PHONE										LOCAL	2.							
0		OWNER ADDRESS CITY, STATE, ZIP CITATION YES											CITATIO	CITATION NO.							
P	╁		PENDING NO LICENSE YEAR									ING NO	STATE (Of Plate)				4.				
Q	-	PLA VEH	ICLE	NO.	YEAR	MAKE		MODEL		BODY STYL	E	(Plate Expires)	E	 STIMATED   TOTA	DAMAGE	′		5.			
		VEHIC NO.	(VIN)										CE COMPANY					6.			
		TOWED					TOWED BY	(				POLICY N					. 1				
VEH ,	В	EFORE	COLL	OAD OR	_	POINT OF II MOST DAMA Inter numbers	AGED AR	EA		VEHICLE 3			RAINT USE	осс	OTAL UPANTS		3	4			
3 Z	۷ S	SEW					ICLE 4_	-		4	- 2	2	TES	OHOL STING	Y		Driver No				
4					POINT OF IMPACT	05	POINT OF IMPACT	=		loyed - front	4	1 None use	d - vehicle occupan	LE	ALCOHOL LEVEL TESTED			N			
3	1	1		urning left aking U-turn	DAMAGED AREA	MOST DAMAGED AREA MOST DAMAGED AREA				loyed - side loyed - both f deployed applicable/	ront/side	4 Lap belt of 5 Child safe 6 Child boos	Shoulder belt only used Lap belt only used Child safety seat used Child booster seat used ALC				ver No.	Driver No			
4 01 Es			08 E tra 09 Le	ntering affic lane eaving	00 None	0:	2   03	04		airbag availal nown	_	7 DOT appr 8 Costume 1 9 Restraint	oved helmet used nelmet used use unknown	DI	RUGS		<u>5</u>	<u>-4</u>			
02 Ba 03 Ch 04 Ov	raight ahead traffic lane acking 10 Parked hanging lanes 11 Slowing or vertaking/ stopped in traffic assing 12 Other 12 Other 15 Other 16 Other 17 Other 17 Other 17 Other 18 Other 17 Other 18 Other 18 Other 19								2 Y 3 Y 4 Y	either alco es - alcoho es - drugs es - alcoho nknown	ol susp suspe	ected cted	suspected								
00 10		g right			e this se	ction for	r all in	jured pe	rsons				OF BIRTH	1 Seat Position	2 Eject	3 Body	Injury Sev.	5 Trans. M F			
VEH.	#	NAME LOCAL N	O.	ME	DICAL FACILITY N		DRESS		EMS SE	ERVICE NAME		,	,		UN REPO	Región RT NO.	Jev.				
VEH.		NAME				AD	DRESS														
	L	OCAL N	O.	ME	DICAL FACILITY N	NAME			EMS SE	ERVICE NAME				EMS F	UN REPO	RT NO.					
VEH.	#	NAME	0	1	DICAL FACULTY:		DRESS		LEMO CO	ED\//CE \$14\$4=				FMO	UN DEDC	DT NO					
	1	OCAL N	o.	I <sub>M</sub> E	DICAL FACILITY N	NOIVIE			I EIVIS SE	RVICE NAME				I EIVIS F	UN REPO	VI INU.					

		Al	ODITIO	NAL -	DIAGR	AM &	INFO	RMATIC	ON AS	REQU	JIRED	FOR A	CCIDE	NT					
													AGENC	Y CASE NO. 110680					
( )													D0-	110000					
Indicate North by Arrow																			
by Arrow																			
•		•	•	•	•	·	•	·	•	•	•	•	•	•	•	·	•		
•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
			•	•							•				•				
·			•	•			•				•				•				
-																			
·																			
•		•	•	•	•	·	•	·	•	•	•	•	•	•	•	•	•		
			•	•			•		•		•			•	•		•		
•		•	•	•	•	•	•		•	•	•	•	•	•	•	•	•		
OBJECT DAM	MAGED	OWN	ER NAME				ADDRESS					PHONE			APPROX	. COST OF	DAMAGE		
OBJECT DAN	MAGED	OWN	ER NAME				ADDRESS					PHONE							
PR																. COST OF			
NAME							ADDRESS							PHON	ΝE				
OBJECT DAN  OBJECT DAN  NAME  NAME						ADDRESS							PHONE						
officer no. 1643			TROOP/ TEAM/ BEAT <b>N</b>	١٨/		DEPARTMENT Lincoln Police Department													
INVESTIGATOR	NAME (Print or		DEAI IN	v V	IN'	Lincoln Police Department  INVESTIGATOR SIGNATURE													
Tobias Hite						Approved by Officer Tobias Hite								DATE OF REPORT 11/28/2015					